



Aim - 1. Reason Improvement was Chosen

Problem Statement: In an effort to support, sustain and replicate our Anticoagulation Clinic strong practice, we will define, make transparent and solidify our standard practices and standard workflow to ensure maximum efficiency and adequate staffing.

Scope: Defining process of handling scheduled workload

Out of Scope: Unscheduled workload (i.e. phone calls, consults, etc)

Trigger:

- Process Start: Triaging daily scheduled workload
- Process Stop: Completion of daily scheduled workload

Map - 2. Initial State

- No standard work
- Unequal workload distribution among clinic staff
- GEMBA observations
 - Time available to scheduled work
 - Other Duties
 - TAKT Time

TAKT Time

Time in minutes

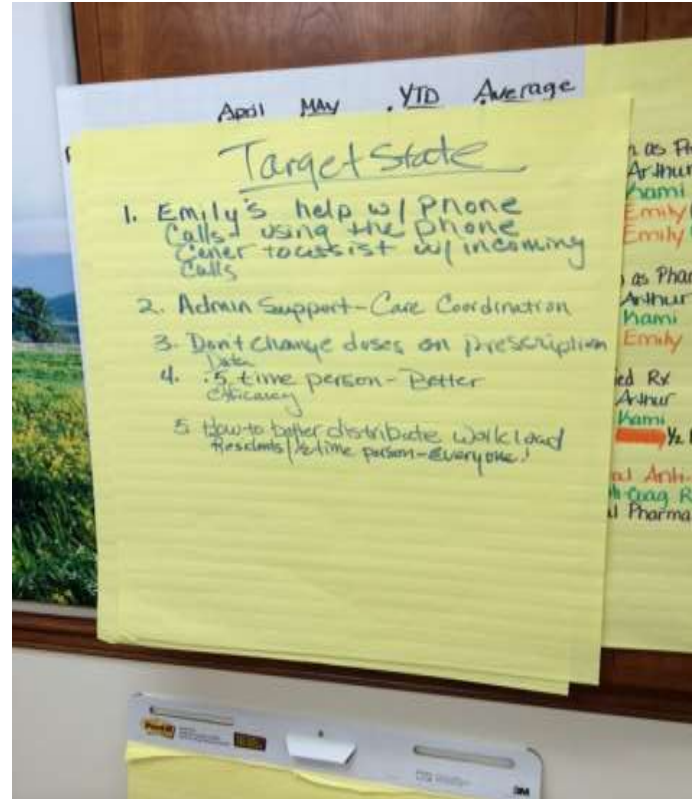
	Emily	Paul	Andrew	Rebecca	Walter	Mick	Team High	Team Average	Comments
Work Day	480	480	480		240		1680	1680	
Breaks	30	30	30				90	90	
Other duties	120	124	180		20		424	424	
Available time	330	324	270		240		1164	1164	
Patient demand High	33	17	11		9		70		
Average	26.5	9	6.5		10			52	
TAKT Time	10	10	24.6		24.6		16.6	22.4	
Workload distribution	47%	37%	16%				100%		
Gemba TAKT	4.19	12.13	6.35						

Days Per month	Emily	Paul	Andrew	Rebecca	Walter	Mick
(April) Days present	20	20	16	20	14.5	16
(May) "	20	20	16	20	14.5	16

Map - 3. Target Condition

Ideal State: To clearly define standard, sustainable scheduled work flow practices in Anticoagulation Clinic by July 31, 2014

- CPhT Triaging
- Equitable workload
- Assessing additional FTE need as we centralize CBOC services (not yet approved)



Measure - 4. Gap

Anticoagulation Clinic Systems Redesign Affinity Diagram

ENVIRONMENT

- Noise
- Space
- Too many people on phone

COMPLEX

- Go to emergency room
- Labs out of range
- Complicated cases slows down process

PERSONNEL

- Reliant on Residents
- Someone calls in sick

WORKLOAD

- Uneven workload distribution
- ACI flow uneven-too many processes

EQUIPMENT

- Equipment issues (headphones)

CONSULT/WORKLOAD

- Takes off routine workload

AUTOMATIONS

- Automation is lacking
- Triage process needs some investigation

LETTERS/LAB

- Printer blocking out outside lab times
- Interruptions/phone calls (this separate was next to this category but not sure that it goes ??)

NO SHOWS

- Patient no shows (TSOACs PharmD)
- No Shows (Tech warfarin)

DOUBLE WORK

- Multiple phone calls and notations
- Duplicate work due to lack of documentation
- Duplicate work (see start)

ADDITIONAL SERVICES

- Triage process of notes leads to reward double documentation

RX ENTRY/PROCESS

- Processing orders
- Pix in-process, sig update

CHART

- Chart touched more than 1x

NON-PHARMACY STAFF INFO

- Vista other information tab not used (outside staff)

OUTSIDE LAB

- Follow up on lab (no lab results)
- Waste of calling outside labs

Anticoagulation Clinic Systems Redesign Effort and Reward Chart

LOW EFFORT/HIGH REWARD	HIGH EFFORT/HIGH REWARD
Rx entry process	environment
automation	complex
workload	personnel
letters/labs	outside labs
double work	
additional services	
non-pharmacy staff info	
phones - patient line	
	chart
	no show
	consult workload
LOW EFFORT/LOW REWARD	HIGH EFFORT/LOW REWARD
	equipment



Measure - 5. Solution Approach

If we do this...then we will achieve this.....	Effect on Metric 1	Effect on Metric 2
Develop triaging tool	Facilitate standard work	Used to assign workload and ensure equitable contribution
Develop formula for standard work	Clear expectations and daily process	Formula supports equitable distribution
Collect Data after implementing triaging	Support efficacy of triaging	Determine if plan accomplishes intended goal
Voicemail to WAV (emailed to Outlook mailgroup)	Standardized process for clinic calls	Ability to triage calls related to scheduled (and eventually unscheduled workload)

Confirmed State

Anticoagulation					
Week of: 8/18/14	M	T	W	TH	F
Individual	1	2	2	4	2
Telephone	60	51	60	45	43
Auburn					
	M	T	W	TH	F
Individual	1	1	0	0	0
Telephone	4	6	5	7	5
Total					
Individual	2	3	2	4	2
Telephone	64	57	65	52	48
Workload Assignment					
Arthur	Assigned	10	9	13	11
	Completed	12 (2i, 1KC, 1 RC)	7 (4i, 1KC)	7 (4i)	10 (5i, 2RC, 2AP)
Kamie	Assigned	10	10	13	12
	Completed	28 (18 E)	52 (36E)	44 (32 E)	52 (36E)
Emily	Assigned	37	34	43	30
	Completed	20	36	32	36
3rd Pharm	Assigned	10	9	13	11
	Completed	11	13	13	10 (1i)
4th Pharm	Assigned	0	0	0	0
	Completed	1 (1 AA)	1	1	1
Resident	Assigned	0	0	0	3
	Completed	7	3	6	3
5th Pharm	Assigned	0			
	Completed	1			
6th Pharm	Assigned				
	Completed				